

**IN THE UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION**

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In Re: COOK MEDICAL, INC., IVC FILTERS  
MARKETING, SALES PRACTICES AND  
PRODUCTS LIABILITY LITIGATION

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Case No. 1:14-ml-2570-RLY-TAB  
MDL No. 2570

This Document Relates to:

Daniel E. Dyer 1:22-cv-6845-RLY-TAB

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**SUGGESTION OF DEATH**

Pursuant to Rule 25(a)(1) of the Federal Rules of Civil Procedure, counsel for Plaintiff informs this Honorable Court and the Parties of the death of Plaintiff, Daniel E. Dyer which occurred approximately on December 17, 2023 (Exhibit A). Plaintiff's claim is not extinguished by his death.

Dated; October 10, 2024

Respectively submitted,

/s/ Matthew Lopez

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Counsel for Plaintiff

**CERTIFICATE OF SERVICE**

I hereby certify that on October 10, 2024 I electronically filed the foregoing document with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the CM/ECF participants registered to receive service in this MDL.

/s/ Matthew R. Lopez

Matthew R. Lopez

# **Exhibit A**

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# State of New Hampshire

## CERTIFICATE OF DEATH

FILE # 2023013305

FULL NAME OF DECEASED: DANIEL ERNEST DYER  
DATE OF DEATH: APPROX DECEMBER 17, 2023  
TIME OF DEATH: UNKNOWN  
DATE OF BIRTH: MAY 18,  
BIRTHPLACE: CLAREMONT, NEW HAMPSHIRE  
MOTHER'S/PARENT'S NAME: NANCY A EVANS (SERBIAN)  
FATHER'S/PARENT'S NAME: MAYNARD L DYER  
PLACE OF DEATH: CLAREMONT, NEW HAMPSHIRE  
DOMESTIC STATUS: NEVER MARRIED/CIVIL UNION  
SPOUSE'S/PARTNER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION:  
SOCIAL SECURITY NUMBER:  
RESIDENCE: CLAREMONT, NEW HAMPSHIRE  
PLACE OF DISPOSITION: CLAREMONT CREMATORIUM, CLAREMONT, NEW HAMPSHIRE  
FINAL PLACE OF DISPOSITION: ST. MARY'S CEMETERY, CLAREMONT, NEW HAMPSHIRE  
DATE OF DISPOSITION: DECEMBER 20, 2023  
MANNER OF DEATH: NATURAL  
CAUSE OF DEATH: FILE DATE DECEMBER 20, 2023  
a. COMPLICATIONS OF ATHEROSCLEROTIC HYPERTENSIVE DISEASE APPROX INTERVAL/ONSET TO DEATH NOT STATED  
b. HYPERTENSION NOT STATED  
c.  
d.  
OTHER SIGNIFICANT CONDITIONS:  
DESCRIBE HOW INJURY OCCURRED:  
DATE/TIME OF INJURY:  
PLACE OF INJURY:  
LOCATION OF INJURY:  
NAME AND ADDRESS OF CERTIFIER:  
FERNANDA MILETTO MD, 241 ELM STREET, CLAREMONT, NEW HAMPSHIRE 03743

MARGINAL NOTES:



4068825

I HEREBY CERTIFY THIS IS A TRUE COPY ISSUED FROM THE OFFICIAL RECORDS ON FILE AT THIS OFFICE AND SHALL BE RECEIVED AS EVIDENCE WITH THE SAME EFFECT AS THE ORIGINAL.

ATTEST:

STATE/LOCAL REGISTRAR

DATE ISSUED:

December 20, 2023

STATE/CITY/TOWN OF:

CLAREMONT

Kristin M. Keniston, State Registrar

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